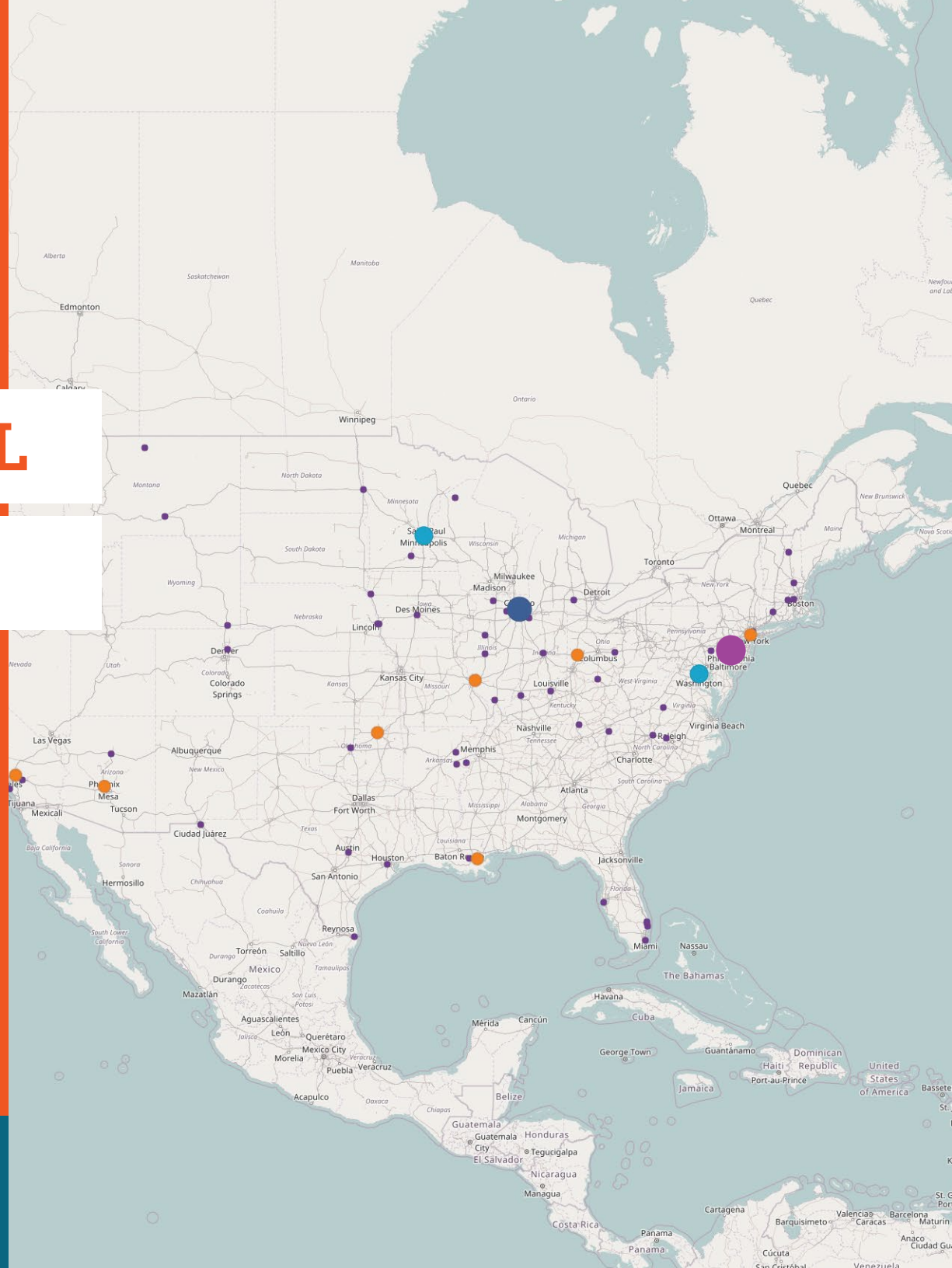


HEALTH CENTER-BASED

MEDICAL-LEGAL PARTNERSHIPS

Where They Are, How They Work,
and How They Are Funded

January 2018



AUTHORS

Alanna Williamson

Senior Research Assistant

National Center for Medical-Legal Partnership

Jennifer Trott, MPH

Research Scientist

National Center for Medical-Legal Partnership

Marsha Regenstein, PhD

Director of Research and Evaluation

National Center for Medical-Legal Partnership

This report is possible thanks to generous support from the Robert Wood Johnson Foundation, The Kresge Foundation, and the Health Resources and Services Administration*.

**The National Center for Medical-Legal Partnership receives support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement U30CS26936, a National Training and Technical Assistance Cooperative Agreement for \$449,748. Zero percent of this project is financed with non-federal sources, and its content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.*

INTRODUCTION

Nearly 26 million individuals rely on community health centers for care nationwide, including one in three individuals living in poverty.¹ While health centers have always provided patient and community-centered care, these organizations are now beginning to integrate standardized screening for social determinants of health into clinical care in order to identify unmet social needs of the patients and communities that they serve.

While there is significant interest in addressing social determinants within the health center population, many organizations do not currently have an intervention integrated into the clinical setting to directly address unmet social needs of patients; instead, they rely on social workers, navigators, and other staff to link patients to external community resources. As payment models shift more responsibility to health care organizations to improve patient health outcomes, coordinate care, and reduce costs, impactful solutions to complex social and environmental problems that vulnerable patient populations face will become even more important for health centers.

Medical-legal partnerships (MLPs) are flexible, collaborative arrangements in which legal professionals are embedded in a health care organization to address the unmet civil legal needs of patients. Legal services providers from civil legal aid organizations or law schools are available on-site to address unmet social needs of patients that directly impact health outcomes, but that would otherwise not be addressed within the clinical setting. These include health insurance and public benefits denials, substandard housing conditions, or unmet educational accommodations for children with special needs.

Nationally, more than 300 health care organizations operate MLPs, and many more are in the planning stage. Historically, MLPs grew out of children's hospitals and were focused on pediatric populations. MLPs have since spread to other organizations serving a variety of patient populations. General hospitals and health systems, health centers, Veteran's health systems, private and non-profit community clinics, and other specialty health care providers now include MLP services in their operations. Health centers represent the fastest-growing sector for MLP adoption across the health care system. Health centers have intimate knowledge of the communities that they serve and provide care to the most vulnerable and underserved populations by design, making them a natural hub for MLP activity.

Medical-Legal Partnerships in Health Centers

The integration of legal services in health centers through MLP has the potential to resolve some of the most intractable social problems that our nation's vulnerable and underserved patients face. The MLP model also shows promise in

SNAPSHOT OF HEALTH

CENTER-BASED MLPs

113
HEALTH
CENTERS

operate MLPs
nationwide.

38
HEALTH
CENTERS

are planning
new MLPs.

33
STATES

have health center-
based MLPs.

9
PCAS

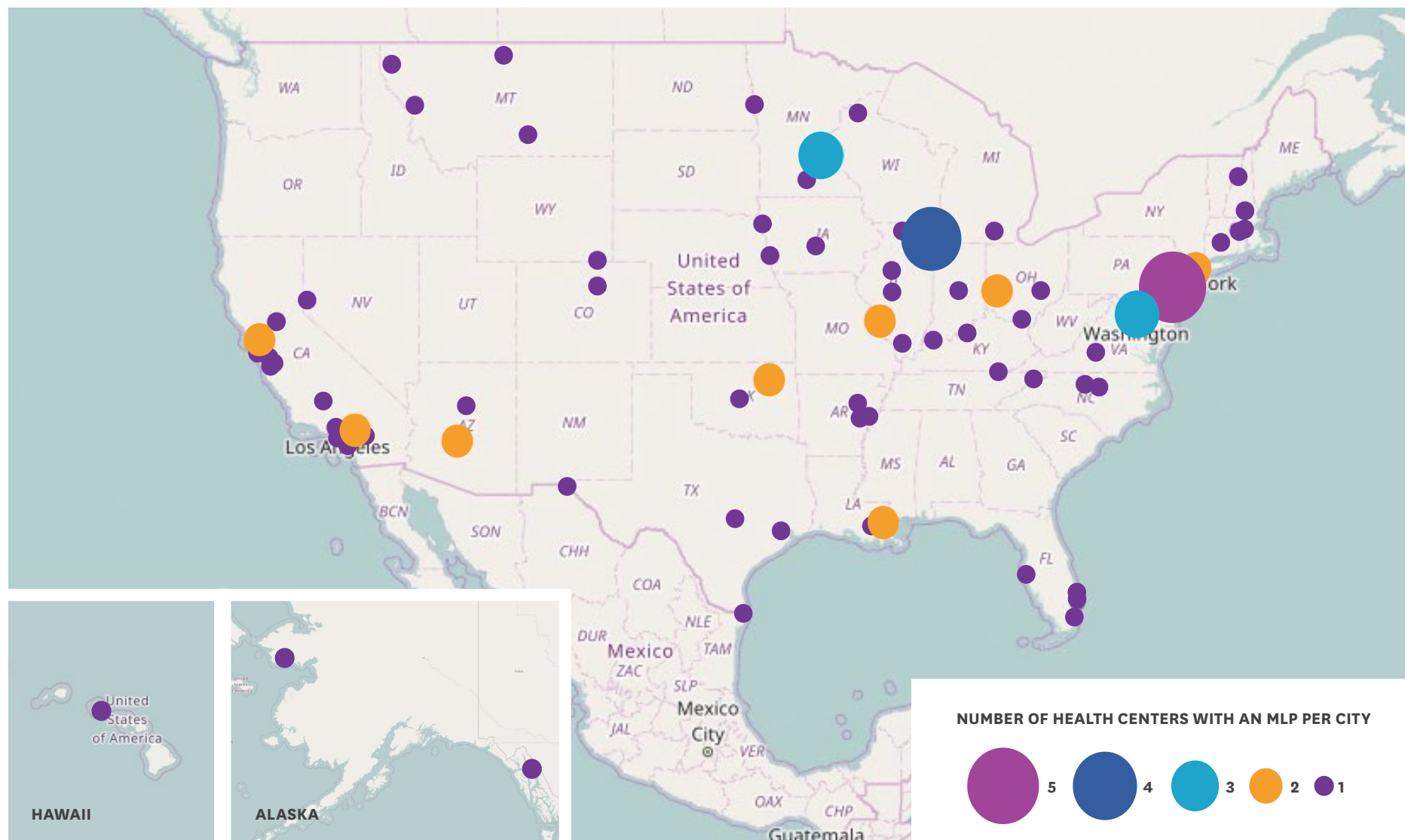
support MLPs
in 9 states.

IN
2014

HRSA recognized "civil legal
aid" as an enabling service.

Source: Data compiled by the National Center for Medical-Legal Partnership based on the 2016 NCMLP national MLP surveys and field research conducted in 2017.

FIGURE 1: MAP OF ACTIVE HEALTH CENTER-BASED MEDICAL-LEGAL PARTNERSHIPS, 2016



reducing health disparities and improving health equity for underserved, particularly vulnerable populations. MLPs have documented experiences improving health outcomes, increasing patient engagement and lowering health care costs.²

As of 2016, 113 health centers operated MLPs, and 38 additional health centers were planning new MLPs (see Figure 1 for a map of existing MLPs). This represents nearly double the number of health centers operating MLPs in 2014. One in three health care organizations operating MLPs are health centers.³ Furthermore, two thirds of MLPs operated by health centers are less than five years of age and more than one third are two years of age or less.

Part of the flexibility of the MLP intervention is in its ability to be tailored to the health center's desired population. More than four in five health centers with MLPs report that they provide MLP services broadly to a general, low-income patient population. However, some MLPs target specific high-need groups, such as individuals experiencing homelessness, individuals with chronic conditions such as diabetes, or at-risk pregnant women. In these targeted MLPs, the legal services offered may be tailored to meet these needs of these specific health center patient populations.

Health centers represent the fastest-growing sector for MLP adoption across the health care system. The number of health centers operating MLPs in 2016 represents nearly double the number in 2014.

INTEGRATION OF LEGAL SERVICES IN HEALTH CENTERS

Health centers with MLPs typically partner with a local civil legal aid organization or law school to provide legal services to patients with health-harming social needs at the health center free of charge. Health center staff systematically screen patients for unmet social needs during clinical appointments. When an unmet civil legal need is identified, the patient is quickly referred to an in-house legal services professional who can work to resolve the issue on behalf of the patient. While the specific legal services offered through an MLP may vary, many legal services providers assist patients with issues in the following areas: income supports, health insurance, public benefits, housing and utilities, education, employment, legal status, and personal or family stability issues.⁴

Having a lawyer or paralegal on-site at the clinic allows clinicians to walk a patient down the hall to the lawyer's office when an unmet civil legal need is identified. The majority of health centers (90 percent) provide office space on-site where the legal services provider can meet with patients about legal issues. The physical presence of the MLP at the health center is highly valued by health center staff. The "warm hand-off" is the quickest way to connect patients to the legal assistance they need, particularly among low-income or other vulnerable patients who may have competing priorities for their time and unreliable forms of communication or transportation.

The presence of on-site legal staff also enhances collaboration between clinical and legal staff on issues affecting patients' health. Co-locating services facilitates learning and informal training of clinicians, social workers, and other staff about civil legal remedies available to help patients with their health-harming social needs. Having a lawyer at

the clinic enhances the visibility of the MLP within the health center, which can prompt some clinicians and patients that the service is there to help. Physicians report that it is easier to bring up sensitive issues with their patients if they can offer them a potential solution that's right down the health center hallway.

Even with MLPs, most needs related to the social determinants of health are directed toward social workers, financial benefit counselors, or other community resources. But if a patient's problem is legal in nature, attorneys are the most effective solution. For example, social workers may be able to provide information about local food banks or other community resources for a food-insecure family, or they may be able to help a family apply for Supplemental Nutrition Assistance Program (SNAP) benefits. However, if a family has been improperly denied assistance to these benefits, a lawyer will be able to secure benefits for the family, including, at times, retroactive benefits. This ensures that patients and their families have sufficient food as quickly as possible.

Lawyers can also provide informal advisory support to physicians, medical residents, social workers, and other health center staff through advice, education, and training. Legal aid staff often advise health care staff about legal changes that may affect their patients, legal benefits that patients are entitled to, and documentation requirements for simple public benefits appeals.

STAFFING

The bulk of MLP staffing comes from the legal partner. Lawyers tend to comprise the largest share of MLP staffing. They are often supplemented by paralegals or law students from a

WHAT DOES A TYPICAL HEALTH CENTER WITH AN MLP LOOK LIKE?



HEALTH CENTERS WITH MLPs TEND TO HAVE LARGER STAFF, higher patient volumes, and a greater number of sites than health centers without MLPs.

On average, health centers with MLPs serve 45 percent more patients and complete 54 percent more patient visits annually across 3.4 more health care sites compared to health centers without MLPs. Health centers with MLPs employ approximately 1.8 FTE additional medical staff per 10,000 patients and 2.4 FTE of enabling services staff per 10,000 patients compared to health centers without MLPs.



HEALTH CENTERS WITH MLPs TYPICALLY HAVE LARGER BUDGETS than health centers without MLPs.

Average revenues from state and local funds, foundations, private grants, and contracts for health centers with MLPs were more than double the revenues for health centers without MLPs. Therefore, health centers with MLPs may be more willing and able to support the integration of social determinants interventions into clinical operations.



MLPs TEND TO BE FOUND IN HEALTH CENTERS IN LARGE URBAN CITIES, but the number of MLPs in rural situated health centers is growing.

Rural areas have less access to both traditional civil legal aid and health care services, and can be a harder population to reach. While there is significant unmet demand for legal services in rural areas, individuals are usually more spread out, so connecting individuals with legal aid can be challenging.



HEALTH CENTERS WITH MLPs TYPICALLY UTILIZE HEALTH IT to coordinate or provide enabling services more often than health centers without MLPs (79 percent versus 65 percent).

nearby law school. A variety of clinical and non-clinical staff at health centers also support MLP activities. Physicians, nurse practitioners, medical residents, physician assistants, medical assistants, social workers, case managers, and patient navigators are involved in MLPs in health centers around the country. The exact complement of health center clinician and staff participation varies quite a bit across sites. While physicians and social workers are most likely to make patient referrals for unmet social and legal needs, registration staff and community health workers are particularly important to health centers' screening processes. Identifying and addressing social determinants of health, particularly legal needs, is not yet a core area of the health care professional's training and curriculum. The majority of health centers with MLPs provide training for clinicians and staff on how to identify unmet legal needs and how legal interventions can help patients.

POLICY AND SYSTEMS CHANGE

MLPs are well-positioned to engage in work to promote policy changes that improve population health. Trends in patient needs often emerge as a result of systematic screening and civil legal assistance within a community. MLP efforts are conducted at the local, state, and federal levels. These include legal clinics for patients to inform them of their legal rights and strategies to advocate for themselves, collaboration with state or local agencies to facilitate systems or process improvements to benefit patients, and state or local policy change to strengthen public health priorities for low-income and vulnerable populations.

Screening for Social Determinants of Health

Health centers increasingly recognize that without a consistent screening process to identify patient needs related to the social determinants of health, appropriate interventions and assessments of their impact on patient health and well-being cannot be identified. Most health centers with MLPs use a formal screening tool to identify unmet needs related to a patient's social determinants of health. Among health centers, screening for social determinants is typically conducted using a verbal or paper screening tool. However, screening processes are increasingly being documented or conducted directly in the Electronic Health Record.

The social determinants that health centers choose to identify through their screening processes vary in scope and reflect the organization's focus, the needs of the patient population, and the legal services available through the MLP. Some health centers screen exclusively for health-harming legal needs that are referred to the MLP legal partner, while others screen more broadly for issues that can potentially be addressed by health center staff such as social workers, financial counselors, care coordinators, or insurance navigators. Until recently, few validated screening tools have been available to capture social determinants of health among health center populations. This has led to many health centers having to reinvent the wheel or borrow from other health centers when designing a screening tool to identify needs.⁵

PRAPARE

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is an initiative designed to assist health centers to identify and address their patients' social determinants of health. This effort is designed to improve health outcomes for patients, lower the overall cost of care, and align the health center care model with new payment arrangements that support these objectives. This collaborative effort is led by the National Association of Community Health Centers in partnership with the Association of Asian Pacific Community Health Organizations, the Oregon Primary Care Association, and the Institute for Alternative Futures, along with a group of pioneer health centers and health center networks in Hawaii, Iowa, New York, and Oregon.

The PRAPARE assessment tool, which was rolled out in 2016, is being implemented by health centers in 44 states to identify unmet social needs of health center patients. PRAPARE includes core screening measures about housing, employment, financial stability, stress, and insurance status as well as optional measures such as incarceration history and domestic violence.⁶ The measures align with other national efforts to prioritize social determinants, as well as ICD-10 codes and the Uniform Data System. This effort is designed to improve health outcomes for patients, lower the overall cost of care, and align the health center care model with new payment arrangements that support these objectives. While this tool is not mandatory, the screening module is now available within all health center's electronic health records and health centers can choose to begin using the tool at any time.

Primary Care Associations and Alternative MLP Models

State primary care associations (PCAs) can serve as convening organizations that support the growth and expansion of MLPs within states. Currently, PCAs are actively involved in MLP activity in nine states: Hawaii, Iowa, Michigan, Missouri, Montana, North Carolina, Oklahoma, Pennsylvania, and Texas. Nineteen PCAs recently completed a six-month pilot of the Social Determinants of Health Academy—a HRSA-funded virtual training series launched in September 2016 designed to help health centers and PCAs develop, implement, and sustain social determinant of health interventions in their clinics and communities, including medical-legal partnerships. As of January 2018, the SDOH Academy is now available to all PCAs and health centers.⁷

PCAs take on a number of roles to support MLP activity in health centers. For example, the Montana Primary Care Association coordinates MLP services in four federally-qualified health centers located in rural and frontier communities spread throughout the state. The PCA stepped in to help secure funding for a full-time lawyer from Montana Legal Services to be shared across the four sites, generating enough patient demand across four sites to support the hiring of the lawyer. The lawyer travels between the four sites providing legal services in areas where this kind of assistance is needed and virtually non-existent. The lawyer is paid through a combination of grant funding to the PCA, Montana Legal Services' own resources, and a modest investment from each of the four participating health centers. The PCA also has a role in helping manage important processes of the MLP.

Other alternative MLP models have been developed that offer administrative and organizational support to health centers with MLPs rather than providing direct legal services to patients. These organizations may serve as statewide conveners of MLP initiatives and advocacy work. For example, Medical-Legal Partnership of Oregon (MLPO) was established in 2016 and serves as an administrative body to support all community-based MLPs in the state. MLPO provides organizational guidance, facilitates coordination among MLPs, and promotes statewide efforts to improve care coordination and health outcomes. MLPO also supports legal services research and advocacy efforts.

Half of health centers with MLPs include funding for MLP activities in the health care organization's operating budget.

MLP Financing

Medical-legal partnerships typically rely on a variety of funding sources to finance MLP activities and operate with limited budgets, regardless of the type of health care organization. Overall MLP budgets and organizational investments vary by partnership. Half (50 percent) of health centers with MLPs include funding for MLP activities in the organization's operating budget. This investment signifies organizational buy-in and a sustained commitment to the MLP. Health centers also rely on foundation funding, external grants and other charitable donations to support MLP activities.

The majority of the financial support for an MLP usually comes from the legal partner organization. MLP legal partner organizations often draw from funding sources including legal foundation funding, government contracts or other external grants, Interest on Lawyers Trust Accounts (IOLTA) funds, Legal Services Corporation (LSC) funding, law school contributions, law firm support, and other charitable donations. These sources of funding are essential, but are also limited and only support a small portion of the legal services needed by low-income people.


HRSA SUPPORT FOR MLP


In 2014, the federal Health Resources & Services Administration (HRSA) recognized civil legal aid as an “enabling service” that health centers can include under their federal grants.⁸ More than one third (38 percent) of health centers with MLPs report using enabling services funding for legal aid for their patients.

HRSA actively encourages health centers to consider the benefits of MLP for their patient populations. The National Center for Medical-Legal Partnership provides technical assistance and support to interested health centers through a HRSA-funded federal National Training and Technical Assistance Cooperative Agreements (NCA). This NCA allows the National Center for Medical-Legal Partnership to provide free technical assistance and training to improve clinical quality and operations in health centers through activities like the Social Determinants of Health Academy.


INNOVATIVE MEDICAID FINANCING ARRANGEMENTS FOR MLPS IN HEALTH CENTERS

A small number of health centers have adopted innovative financing models to support their MLP activities, such as integrated financing for legal services in Medicaid payment arrangements.

 In 2011, Colorado set up seven Regional Care Collaborative Organizations (RCCOs) through a statewide Accountable Care Collaborative to manage health care and coordinate community and social services for Medicaid beneficiaries. RCCOs have demonstrated success in improving health care delivery and coordination of care while reducing costs.⁹ Salud Family Health Center in Colorado provides legal services at two health center sites that are reimbursed by four RCCOs through a small per-member, per-month add-on for enhanced care management. Specific payment arrangements vary by RCCO and allow the MLP and the state of Colorado to test a variety of payment models for coordinated legal services for Medicaid beneficiaries. Patient-clients who received legal services that were reimbursed by the RCCOs reported improved physical and emotional health and had fewer ER and hospital admissions, fewer missed medical appointments, and fewer missed days of work.

 In August 2016, the Richmond Clinic, a health center affiliated with Oregon Health & Sciences University, launched a one-year pilot MLP with Health Share of Oregon, the largest coordinated care organization (CCO) in the state. CCOs function like regionally-based Medicaid managed care organizations with a

significant focus on prevention, care coordination, and community engagement. The pilot MLP focused on addressing the needs of medically-complex patients and was funded by the Richmond Clinic and Health Share of Oregon. In addition to the traditional legal intervention provided by attorneys and law students, the pilot MLP utilized medical students to conduct research on the pilot MLP intervention and outcomes.

 Eskenazi Health is a large health system that offers MLP services in five of its health centers across Indianapolis, Indiana, as well as in a sexual assault and domestic violence center, and a transgender health clinic. In January 2017, two of the health centers offering MLP services contracted with a Medicaid managed care entity to sponsor the MLP program. The two-year contract gave a fixed amount to the health centers and their legal partner, Indiana Legal Services, to provide MLP services to all patients at these two locations. They also agreed not to limit the MLP services to only the patients of the Medicaid managed care plan; all patients at the health centers are eligible for MLP services, regardless of their health plan.

 In September 2017, the Los Angeles County Department of Health Services released a request for applications for a contractor to provide Medical-Legal Services to vulnerable Medicaid beneficiaries across the county over a one year period, with an option for renewal. This initiative is authorized through Los Angeles County's "Whole Person Care Los Angeles" pilot program, part of the California Medi-Cal 2020 Demonstration Program, a five-year \$1115 Medicaid demonstration waiver approved by the Cen-

ters for Medicare and Medicaid Services. The goal of the program is to improve health and social well-being outcomes and reduce costs by integrating social services into clinical care for these high-risk patients, including those who receive their care at health centers. Populations targeted under the waiver that will be eligible to receive MLP services include individuals at high risk for homelessness, the prisoner re-entry population, individuals with substance use disorder and mental health care needs, and individuals at risk for acute care hospitalizations and perinatal services. A total of \$500,000 in funding is provided for MLP legal services, technical assistance, and training for the first year.

Looking Ahead

Medical-legal partnerships take time to develop and grow. As more health centers seek the types of services that MLPs can provide to address their patients' social determinants, practical guidance from early health center MLP adopters is needed. Organizational best practices and shared learning from the successes and challenges of MLPs in the field could help to smooth the way for new health centers adopting MLPs. MLPs show great promise as an intervention to address unmet social needs of health center patients and to improve health equity. Going forward, health center MLPs also require sustained financial commitment from both health care and legal partners to ensure viability and growth.

ENDNOTES

- 1 2016 Uniform Data System. Rockville (MD): Health Resources and Services Administration (HRSA); 2017 [cited 2017 Nov 1].
- 2 Martinez O, Boles J, Muñoz-Laboy M, Levine EC, Ayamele C, Eisenberg R, et al. Bridging health disparity gaps through the use of medical-legal partnerships in patient care: a systematic review. *J Law Med Ethics*. 2017 Jul 14;45(2):260-273. DOI: 10.1177/1073110517720654
- 3 MLP information for health centers presented in this brief are based on data from the 2016 National Center for Medical-Legal Partnership (NCMLP) surveys. Please see: Regenstein M, Trott J, Williamson A. The state of the Medical-Legal Partnership field: findings from the 2016 National Center for Medical-Legal Partnership surveys. Washington (DC): National Center for Medical-Legal Partnership; 2017 Aug [cited 2017 Nov 1]. Available from: <http://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/>.
- 4 For more information on health-harming legal needs, please see: Regenstein M, Teitelbaum J, Sharac J, Phyu E. Medical-legal partnership and health centers: addressing patients' health-harming civil legal needs as part of primary care. Washington (DC): The National Center for Medical-Legal Partnership 2015 Feb [cited 2017 Nov 1]. Available from: <http://medical-legalpartnership.org/mlp-resources/health-center-brief/>
- 5 Theiss J, Regenstein M. Facing the need: screening practices for the social determinants of health. *J Law Med Ethics*. 2017 Oct 18;45(3):431-441. DOI: 10.1177/1073110517737543
- 6 PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (Version 1.0). Washington (DC): National Association of Community Health Centers, Inc. with the Association of Asian Pacific Community Health Organizations and the Oregon Primary Care Association; 2016 Sept 2 [cited 2017 Nov 1]. Available from: http://www.nachc.org/wp-content/uploads/2016/09/PRAPARE_Paper_Form_Sept_2016.pdf
- 7 The Social Determinants of Health (SDOH) Academy [Internet]. Washington (DC): The National Center for Medical-Legal Partnership 2016 Sept [cited 2017 Nov 1]. Available from: <http://medical-legalpartnership.org/events/sdoh-academy/>
- 8 Service Descriptors for Form 5A: Services Provided, p. 23. Rockville (MD): Health Resources and Services Administration (HRSA); 2014 Oct [cited 2017 Nov 1]. Available from: <https://bphc.hrsa.gov/about/requirements/scope/form5aservicedescriptors.pdf>
- 9 Supporting a Culture of Coverage: Accountable Care Collaborative, 2015 Annual Report. Denver (CO): Colorado Department of Health Care Policy & Financing. [cited 2017 Nov 1]. Available from: <https://www.colorado.gov/pacific/sites/default/files/Supporting%20a%20Culture%20of%20Coverage%20Accountable%20Care%20Collaborative%202014-15%20Annual%20Report.pdf>

MISSION

Recognizing the enormous potential for legal services to help health care providers respond to the social needs and deficiencies they see every day in their clinics, the National Center for Medical-Legal Partnership's mission is to foster a system in which all health organizations can leverage these services. Over the last decade, the National Center's work has helped cultivate programs that do just that at more than 300 hospitals and health centers across the U.S.

CONTACT

The National Center for Medical-Legal Partnership

*Department of Health Policy and Management
Milken Institute School of Public Health
The George Washington University*

2175 K Street, NW
Suite 513A
Washington, DC 20037

www.medical-legalpartnership.org
(202) 994-4119

Twitter: @National_MLP
Facebook: NCMLP

